



STEVE LEVY  
SUFFOLK COUNTY EXECUTIVE

ROBERT W. DOW, JR.  
COMMISSIONER  
DEPARTMENT OF LABOR  
725 VETERANS MEMORIAL HIGHWAY  
HAUPPAUGE, N.Y. 11788

11/16/12  
ADDRESS CORRESPONDENCE TO:  
P.O. BOX 1319  
SMITHTOWN, N.Y. 11787-0895  
Attention: SWEP/SSR  
e-mail: [sc.dol@suffolkcountyny.gov](mailto:sc.dol@suffolkcountyny.gov)  
FAX # (631) 853-6538  
Attention: SWEP/SSR  
[www.suffolkcountyny.gov/labor](http://www.suffolkcountyny.gov/labor)

Dear Participant:

You have been determined to be exempt from participating in work activities due to physical, mental and/or substance abuse impairments. As a recipient of Temporary Assistance, you are required to participate in treatment, rehabilitation, physical therapy, etc. to restore yourself to self-sufficiency. You are expected to attend all your medical appointments and return all status reports sent to you while you are in exempt status.

Please have your treatment provider(s) complete the enclosed Self-Sufficiency Review Status Report(s) and return them to the Suffolk County Department of Labor by the date indicated on the Instruction Sheet. Failure to return the completed Status Report(s) by the date specified may result in the termination of your Temporary Assistance grant.

Very truly yours,

Arlene Bernath  
Self Sufficiency Review Unit

Enclosure(s)

AR/crw

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John Carpenter  
19 4 St.  
East Hampton, NY 11937

## INSTRUCTIONS FOR COMPLETING STATUS REPORT

1. Sign and date the second section "Authorization For Release of Information".
2. Ask your treatment provider to complete the remaining sections of the "Self Sufficiency Review Status Report".
3. Mail the completed "Self Sufficiency Review Status Report" form(s) back to the Suffolk County Department of Labor in the envelope provided, or fax the form(s) to the Suffolk County Department of Labor at (631) 853-6538. If we do not receive your completed Status Report(s) by 12/16/11, the Department of Social Services will be notified of your non-compliance. This could result in a loss of temporary assistance benefits.
4. Keep copies of your completed "Self Sufficiency Review Status Report" form(s). These forms contain information that may be helpful to you in the future – especially if you need to apply for Social Security Disability.
5. If you have any questions about the "Self Sufficiency Review Status Report" form, or any problems having the form(s) completed, contact your counselor at 853-3826.

John Carpenter  
Client Name

BA 072584  
CIN #

Unmailed  
Client Signature

See Inez  
Counselor Name

11/16/11  
Date